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HIV/AIDS Related Knowledge, Attitude and Behaviour among College Students of Assam, India

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Abstract

As students are a valuable resource for the future of a country, it is imperative that they be equipped with ample amount of information so as to protect themselves from falling a prey this still-an-incurable killer disease. Unfortunately at present, even though the Government agencies are putting serious effort in this regard, lot is still to be achieved. The present study seeks to assess the awareness of college students of Assam about HIV/AIDS and their attitude towards HIV/AIDS. Altogether, 1650 students from 35 different colleges situated in the Brahmaputra valley cutting across 15 different districts of the state were interviewed.

The findings of the present study reveal that although all the respondents heard of the disease about 60% of them are not fully aware of the dreaded disease. Moreover, more than 15% respondents do not know any mode of transmission and 23% do not know any method of prevention of HIV/AIDS. Our findings in the present study reiterate the need for re-enforcing school/college AIDS education. There is a strong need that school/college education must directly address stigmatizing attitudes about HIV/AIDS, gaps in HIV/AIDS knowledge and awareness of HIV-related health resources.

Introduction

One of the major achievements of modern medicine has been the conquest of most of communicable diseases. These diseases were major causes of mortality and morbidity in earlier decades of twentieth century. With the development of effective vaccines and modern antibiotics, the threat of communicable diseases was largely contained. In the early eighties, when the first few cases of AIDS were reported, few might have realised its propensity to become a global public health problem. In a span of two

decades, since its first identification, HIV infection has become a pandemic and has posed a formidable challenge to mankind, in almost all aspects of life. Acquired immuno- deficiency syndrome came to be known in India in 1986, and from available data it is clear that it is sweeping the whole country. The report from NACO published in 1999 showed that there were approximately 87,313 HIV positive cases in India and no part of our country are free of HIV infection. These figures grossly underestimate the situation due to underreporting and inconsistent sero-surveillance in different states in our country. The alarming rate of its spread, the magnitude of its infection, inordinately long incubation period and resultant propensity of spread, lack of curative therapy and vaccine to prevent it mandates the acquisition of complete knowledge about HIV disease. This acquisition of knowledge is not only required for medical and paramedical personnel, but also to some extent, to majority of population, particularly high risk one. In present circumstances, AIDS prevention largely depends on health education and behavioural changes based on AIDS awareness, particularly among young adults who are prone to risky behaviour.

There has been a rapid and uncontrolled expansion of HIV/AIDS in the developing countries during the last two decades. HIV has become a serious problem for India with one of the highest rates of spread in the world. The picture in India today has a lot of similarities with the progress of HIV in Africa 15 years ago[10]. According to UNAIDS/WHO AIDS Epidemic Update in December 2004, there is a total of around 39.5 million people living with HIV/AIDS in the world. About 37 million of those are adults and 2.5 million are children under the age of 15 years. During 2004, 5 million were newly infected, and about 3 million died from AIDS. In India the number of HIV-infected was 5.1 million in 2004. Bearing the huge number of people in mind, India has the second highest number of people living with HIV/AIDS.[14] In 2002, the US National Intelligence Council estimated that 20-25 million of the Indian population will be infected with HIV in 2010.[13] It is though important to mention that there isn't one epidemic in India, rather there are many localized sub-epidemics due to the great variety in socio-cultural patterns and many vulnerabilities in India. Six states in India : Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu have the highest incidence of HIV in the country (80% of the estimated HIV cases in India).[14] The corresponding figures for the state of Assam are also showing some alarming indication. Since the first detection in 1988, the HIV positive cases rose to 2972, out of which 808 cases reported to be AIDS till November, 2008[1].

The Declaration of Commitment on HIV/AIDS adopted at the special session of the General Assembly on HIV/AIDS, held in June, 2001, acknowledged that prevention of HIV infection must be the mainstay of responses to the epidemics. Although HIV/AIDS campaigns have significantly raised awareness and knowledge of the infection, still enormous challenges lying ahead in the complete prevention of the spread of HIV/AIDS. Even the Secretary-General of the United Nations indicated in his statement to the conference of G-8 heads of State in Genoa, Italy (SG/SM/7895: AIDS/31), the first priority is "to ensure that people everywhere – particularly the young – know what to do to avoid infection". Sensing the seriousness of the matter, scholars around the world started to focus on awareness and behaviour towards

HIV/AIDS. A few of those include Rwenge (2000), Khan *et al* (1997), Egger *et al* (1993), Gordon D.F (2002) among others.

HIV/AIDS was first identified in India in 1986, when serological testing found that 10 of 102 female sex workers in Chennai were HIV positive. The initial response of the health authorities was slow primarily due to a common belief that AIDS would not become a problem in India due to the low levels of multi-partner sexual activity and other risky sexual behaviours among Indians.[8] However, in the face of increasing numbers of people being identified with HIV, the Government of India initiated a systematic response by first establishing the National AIDS Committee (NAC) and then, in 1992, the National AIDS Control Organization (NACO) under the Ministry of Health and Family Welfare. Realizing the importance, number of scholars started to emphasize on the study of awareness and attitude towards HIV/AIDS, which include Sankaranarayan *et al* (1996), Chatterjee *et al* (2001), Ganguli *et al* (2002), Bhalla *et al* (2005), Hazarika and Mahanta (2005) among others.

Objectives

School/College students of today are exposed to the risk of being victims of HIV/AIDS- which was quite unknown to their predecessors a few decades ago. The epidemic of HIV/AIDS is now progressing at a rapid pace among young people. In India there is a wide gap between the inputs in the HIV/AIDS curriculum for school/college and the actual education that is imparted. As children are a valuable resource for the future of a country, it is imperative that they be equipped with ample amount of information so as to protect themselves and their counterparts form falling a prey this still-an-incurable killer disease. With this background, the present study seeks to assess the awareness and attitude of college students of Assam towards HIV/AIDS.

Materials and Methods

The present study was conducted over a period of 3 months with financial assistance from the University Grants Commission, North Eastern Regional Office, Guwahati. Altogether, 1650 students from 35 different colleges situated in the Brahmaputra valley cutting across 15 different districts of the state were interviewed during data collection. The students were administered a pre-designed questionnaire, which included multiple choice questions. Data were entered and analyzed using SPSS version 11.5.

Results and Discussion

In the present study, majority of students (59.1%) are in the age group 20 years and above, most of them (62.5%) are males and the mean age being 19.5 years. Out of the total of 1650 students 54.5% pursue Arts subjects and 45.5% pursue Science subjects. Majority of the respondents (53.5%) live in urban places, out of which 64.1% are females. As far as caste of the respondents is concerned 51.3% belong to General

category, 27.3% belong to OBC category, 13.6% belong to SC category and 7.8% belong to ST category. Moreover, out of the total respondents, 42.6% belong to Assamese community, 26.4% belonging to Bengali community, 15.6% belonging to Hindi community and 15.4% belong to others community. Regarding monthly family income of the respondents, it is observed that 58.6% belong to low income group, 28.8% belong to middle income group and only 12.6% belonging to high income group. The details of the sex wise distribution of the study subjects with respect to background information are presented in table 1.

Further, table 2 represents sex wise distribution of respondents regarding their awareness about HIV/AIDS. It has been observed that all the respondents irrespective of their gender have heard of the dreaded disease. Out of them 86.4% could write full form of AIDS, whereas 80.3% could write the full form of HIV correctly. We also asked some questions to know their knowledge regarding some beliefs as far as HIV/AIDS is concerned. Out of total respondents 3% commented that one can get AIDS by touching an infected person, whereas a whooping 34.8% believe that one can get AIDS by insect bites. Moreover, another 22.7% believe that one can get AIDS by coughed or sneezing and 9.1% believe that AIDS may be spread by sharing the same toilet with infected person. Some questions were also asked about different modes of transmission of AIDS. Out of the total respondents, 30.3% think sharing needle/syringe with infected person as the most dangerous mode of transmission. 28.8% rated blood transfusion as mode of transmission, 19.7% believe unprotected sex as the mode of transmission and 16.7% of them are unaware of any mode of transmission. Regarding different method of prevention, 24.2% opined safe blood as the trusted method of prevention, 22.7% believe disposable syringe as a method, 16.7% prefers condom as a preventive method and 22.7% of them unaware of any method of prevention. Based on the above information provided by the respondents we categorized them as fully aware and not fully aware. Out of them 40.9% are fully aware of the dreaded disease. 59.3% of the male students are fully aware of the disease, whereas 40.7% of girl students are fully aware of HIV/AIDS.

Some questions were asked about their attitude and behaviour towards HIV/AIDS and based on their score they were categorized as having positive or favourable attitude and negative or unfavourable attitude towards HIV/AIDS. Table 3 provides sex wise distribution with respect to attitudes and behaviour towards HIV/AIDS. We observe vide table3 that 95.5% believe that there should not any reservation to send infected to School/College or any public places, 93.9% believe that HIV infected should not be isolated, rather they should be supported so that they feel as an integral part of the society.90.9% of the respondents believe that infected person should not be blamed for their infection and 57.6% think HIV/AIDS as the worst disease ever.

We also presented a cross-tabulation of gender with level of awareness of HIV/AIDS and the results are presented in table4. We observe from the table that 59.1% of the total respondents are not fully aware of HIV/AIDS. For male respondents, 59.3% are fully aware of HIV/AIDS, whereas, for female the figure is even dismal at 40.7%. Moreover, we wished to examine whether gender have any effect on the level of awareness of HIV/AIDS and for this purpose we have used Chi-square statistic and the results are presented in table5. We observe vide this table that

there is highly significant (P-value<.01) effect of gender on the level of awareness of HIV/AIDS.

Furthermore, we presented a cross-tabulation of gender with attitude towards HIV/AIDS and the results are presented in table6. We observe from the table that 68.2% of the total respondents have negative or unfavourable attitude towards HIV/AIDS. For male respondents, 57.1% have favourable attitude whereas, for female the figure is even dismal at 42.9%. Moreover, we wished to examine whether gender have any effect on the attitude of the respondents towards HIV/AIDS and for this purpose we have used Chi-square statistic and the results are presented in table7. We observe vide this table that there is highly significant (P-value<.01) effect of gender on the attitude of the respondents towards HIV/AIDS.

Conclusion

The present inquiry into the knowledge, behaviour and attitude of college goers towards HIV/AIDS is intended to fill a void as far as this part of the country is concerned. Our findings in the present study reiterate the need for re-enforcing school/college AIDS education. While the teacher plays a pivotal role in imparting education, the use of multi-pronged methods such as films, group discussions, dramas, puppet shows and role-plays must be incorporated. There is a strong need that school/college education must directly address stigmatizing attitudes about HIV/AIDS, gaps in HIV/AIDS knowledge and awareness of HIV-related health resources.

The findings of the present study reveal that although all the respondents heard of the disease about 60% of them are not fully aware of the dreaded disease. Unless one becomes fully aware he or she cannot be aware of different preventive methods. Moreover, more than 15% respondents do not know any mode of transmission and 23% do not know any method of prevention of HIV/AIDS.

Based on the findings of the study, we should concentrate on the following:

- The knowledge about how HIV is transmitted is incomplete among students. Although 100% students had heard about HIV/AIDS but there are still many misconceptions about the disease.
- The awareness of protection against HIV is insufficient among the students and there are misunderstandings about it.
- The most important way to prevent the rapid spread of HIV is to raise the level of knowledge about the transmission of and the protection against HIV.
- More education is associated with greater awareness and better knowledge. Providing education to all in true sense particularly in rural area should be addressed.
- The majority of the students first heard about HIV/AIDS from media. Media is an effective way of spreading information. Policy makers should capitalize on this.

Table 1: Sex wise distribution with respect to general background information of the study subjects and awareness regarding HIV/AIDS

Variables	Male (%)	Female (%)	Total (%)
Age group			
Less than 20 years	300 (37.5)	375 (44.1)	675 (40.9)
20 and above years	500 (62.5)	475 (55.9)	975 (59.1)
Stream of the students			
Arts	225 (28.1)	675 (79.4)	900 (54.5)
Science	575 (71.9)	175 (20.6)	750 (45.5)
Place of residence			
Rural	457 (57.1)	305 (35.9)	768 (46.5)
Urban	343 (42.9)	545 (64.1)	882 (53.5)
Religion			
Hinduism	570 (71.3)	748 (88.0)	1318(79.9)
Islam	172 (21.5)	94 (11.1)	266 (16.1)
Christianity	27 (3.4))	3 (.4)	30 (1.8)
Others	31 (3.9)	5 (.6)	36 (2.2)
Caste			
General	470 (58.8)	376 (44.2)	846 (51.3)
OBC	205 (25.6)	246 (28.9)	451 (27.3)
SC	75 (9.4)	149 (17.5)	224 (13.6)
ST	50 (6.3)	79 (9.3)	129 (7.8)
Mother tongue			
Assamese	400 (50.0)	303 (35.6)	703 (42.6)
Bengali	74 (9.3)	362 (42.6)	436 (26.4)
Hindi	151 (18.9)	106 (12.5)	257 (15.6)
Others	175 (21.9)	79 (9.3)	254 (15.4)
Family income			
Low income group	462 (57.8)	505 (59.4)	967 (58.6)
Middle income group	209(26.1)	266(31.3)	475 (28.8)
High income group	129 (16.1)	79(9.3)	208 (12.6)

Table 2: Gender wise distribution of study subjects and awareness regarding HIV/AIDS

Variables	Male (%)	Female (%)	Total (%)
Awareness regarding HIV/AIDS			
Heard of HIV/AIDS	800 (100)	850 (100)	1650 (100)
Wrote full form of AIDS	725 (90.6)	700 (82.4)	1425 (86.4)
Wrote full form of HIV	675 (84.4)	650 (76.5)	1325 (80.3)
Can one get AIDS by touching (yes)	25 (3.1)	25 (2.9)	50 (3.0)
Can one get AIDS by insect bites (yes)	225 (28.1)	350 (41.2)	575 (34.8)
Can one get AIDS by coughed or sneezed (yes)	150 (18.8)	225 (26.5)	375 (22.7)
Can one get AIDS by sharing same toilet (yes)	50 (6.3)	100 (11.8)	150 (9.1)
Mode of transmission			
Sexual intercourse	275 (34.4)	50 (5.9)	325 (19.7)
Blood transfusion	301 (37.6)	175 (20.6)	476 (28.8)
Sharing needles/syringes	125 (15.6)	375 (44.1)	500 (30.3)
Mother to baby	0	0	0
Blade/Razor	49 (6.1)	25 (2.9)	74 (4.5)
No idea	50 (6.3)	225 (26.5)	275 (16.7)
Method of prevention			
Condom	225 (28.1)	50 (5.9)	275 (16.7)
Safe Blood	225 (28.1)	175 (20.6)	400 (24.2)
Disposable syringes	25 (3.1)	350 (41.2)	375 (22.7)
Awareness about availability of treatment	200 (25.0)	25 (2.9)	225 (13.6)
No idea	125 (15.6)	250 (29.4)	375 (22.7)
Whether fully aware (yes)	400 (50)	275 (32.4)	675 (40.9)
Sex education in Schools/Colleges	775 (96.9)	750 (88.2)	1525 (92.4)

Table 3: Gender wise distribution with respect to attitudes and behaviour towards HIV/ AIDS

Variables	Male (%)	Female (%)	Total (%)
Wrong to send HIV infected to College (No)	800 (100)	775 (91.2)	1575 (95.5)
HIV infected be isolated (No)	725 (90.6)	825 (97.1)	1550 (93.9)
HIV infected person to be blamed (No)	650 (81.3)	850 (100)	1500 (90.9)
HIV/AIDS worst disease ever (No)	400 (50.0)	300 (35.3)	700 (42.4)

Table 4: **C**ross tabulation of awareness of HIV/AIDS and Gender.

Variable		Gender		Total
		Female	Male	
Whether fully aware ?	Aware	275 (40.7%)	400 (59.3%)	675 (40.9%)
	Not aware	575 (58.9%)	400 (41.1%)	975 (59.1%)
Total		**850**	**800**	**1650**

Table 5: Chi-Square Test to check for level of awareness with respect to Gender.

Test	Value	Degrees of freedom	P-value
Pearson Chi-Square	53.092	1	.000
Number of Valid Cases	1650		

Table 6: **C**ross tabulation of Attitude towards HIV/AIDS and Gender.

Variable		Gender		Total
		Female	Male	
Attitude towards HIV/AIDS	Negative	625 (55.6%)	500 (44.4%)	1125 (68.2%)
	Positive	225 (42.9%)	300 (57.1%)	525 (31.8%)
Total		**850**	**800**	**1650**

Table 7: Chi-Square Tests to check Attitude with respect to Gender.

Test	Value	Degrees of freedom	P-value
Pearson Chi-Square	23.109	1	.000
Number of Valid Cases	1650		

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References

[1] ASACS, 2008, Period Report since inception 1988 to November, 2008, Assam State AIDS Control Society, December, 2008.
[2] Bhalla S, Chandwani H, Sing D, Somasundaram C, Rasania SK, Singh S, 2005, "Knowledge about HIV/AIDS among senior secondary school students in Jamnagar, Gujrat", Health Population Perspect Issues. 28, pp.178-88
[3] Chatterjee C, Baur B, Ram R, Dhar G, Sandhukhan S, Dan A, 2001, "A study on awareness of AIDS among school students and teachers of higher secondary schools in north Calcutta", Indian Jr. Public Health, 45, pp. 27-30.
[4] Egger M, Ferrie J, Gorter A, Gonzalez S, Gutierrez R, Pauw J, 1993, "HIV/AIDS related knowledge, attitudes, and practices among Managuan secondary school students", Bull Pan Am Health Organ, 27, pp. 360-9.
[5] Ganguli SK, Rekha PP, Gupta N, Charan U.A, 2002, "AIDS awareness among undergraduate students, Maharastra", Indian J Public Health, 46, pp.8-12.
[6] Gordon D.F, 2002, "Intelligence Community Assessment: the next wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China", National Intelligence Council, 2002. (www.odci.gov/nic/special_networkHIV.html)
[7] Hazarika N.C and Mahanta J, 2005, "Perceptions of unmarried young women regarding family size, sexually transmitted diseases at residential regional institutes in Northeastern India", Southeast Asian J Trop. Med. Public Health, 36(1).
[8] John T, P.G. Babu , H Jayakumari and E.A. Simoes, 1987, "Prevalence of HIV infection in risk groups in Tamil Nadu, India", Lancet 1 (8525), pp. 160-161.
[9] Khan M.A, Rahman M, Khanam P.A, Khuda B.E, Kane T.T and Ali A, 1997, "Awareness on sexually transmitted diseases among women and service providers in rural Bangladesh", Int. J STD/AIDS, 8, pp. 688-96.
[10] Paul and Arora, 2004, "India's HIV-1 epidemic", CMAJ, 171(11).
[11] Rwenge M, 2000, "Sexual risk behaviours among young people in Bamenda, Cameroon", Int. Fam Plann Perspect, 26, pp. 118-23.
[12] Sankaranarayan S, Naik E, Reddy PS, Guruani G, Ganesh K, Sing KP,1996: "Impact of school based HIV and AIDS education for adolescents in Bombay, India", Southeast Asian J Trop Med Public Health, 27, pp.692-5.
[13] Tillich M, Nilsson A, 2002: "Awareness, attitude and prevention of HIV among pregnant women in Maharastra State, India", The Sahlgrenska Academy of The University of Gothenburg, Sweden, 2002.
[14] UNAIDS, 2004: Response to HIV/AIDS in India 2003, June 2004, UNAIDS.